

**State Emergency Medical Services Board  
September 14, 2010  
Minutes**

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Victor Broccolino, Vice Chairman; David Fowler, M.D., Murray Kalish, M.D.; Sally Showalter; Mary Alice Vanhoy, R.N.; Gene Worthington.

**Board Members Absent:** David Hexter, M.D., Robert Maloney; Dean Albert Reece, M.D., Ph.D.; Dany Westerband, M.D.

**Others Present:**

**MIEMSS:** Dr. Bass; Ms. Abramson; Ms. Alban; Dr. Alcorta; Mr. Brown; Mr. Darchicourt; Mr. Fiackos; Dr. Floccare; Ms. Gainer; Ms. Goff; Mr. Hurlock; Ms. Myers; Mr. New; Mr. Schaefer.

**OAG:** Mr. Magee; Ms. Sette.

**MSP Aviation Command:** Captain Mark Gibbons.

**Maryland Fire Rescue Institute:** Pat Marlatt.

**R Adams Cowley Shock Trauma Center:** Karen Doyle; Jamie Huggins; Jim Radcliffe.

**Maryland State Firemen's Association:** Doyle Cox, President; David Lewis, 1<sup>st</sup> Vice President; John Denver, 2<sup>nd</sup> Vice President; Richard Yinger.

Mr. DeVries called the meeting to order at 9:06 a.m.

**ACTION: Upon the motion of Dr. Kalish, which was seconded by Ms. Showalter, the Board approved the minutes of the July 13, 2010 meeting.**

**EXECUTIVE DIRECTOR'S REPORT**

Electronic Patient Care Report (ePCR). The ePCR contract has been awarded to Image Trend and the implementation process is underway. The ePCR has been given a Maryland specific name and will be known as the "electronic Maryland EMS Data System" or "eMEDS." Dr. Bass said that in September, MIEMSS will hold a meeting of EMS stakeholders to apprise them of the application's capabilities, to review the data elements to be collected, to discuss the user interface and workflow, to review the changes to the data reporting requirements in

COMAR, and discuss CAD-to-eMEDS connectivity and the patient billing interface.

Report on Trauma and Specialty Centers. Dr. Bass reminded the Board that MIEMSS has been working with the Maryland Health Care Commission on a report to the legislature on whether the State should consider adding and/or consolidating existing trauma centers. He said that there had been considerable delays in obtaining the vehicular crash data needed for the study and, as a result, completion of the report was delayed.

Cardiac Interventional Centers. Dr. Bass reported that all of Maryland's 23 hospitals that currently perform primary PCI under a CON or waiver from CON from the Maryland Health Care Commission submitted letters of intent expressing interest in being designated as Cardiac Interventional Centers by MIEMSS. MIEMSS plans to begin the designation process in the fall. STEMI Committees have been developed in each region to address STEMI system development on a regional basis. The regional plans will be consolidated into a statewide plan. The regional STEMI committees will also monitor regional specific issues on an ongoing basis and report to the statewide STEMI QIC after it has been developed.

Dr. Bass introduced Jeannie Abramson, MIEMSS' new Chief Administrative Officer.

#### **REPORT OF THE STATEWIDE EMS ADVISORY COUNCIL**

Dr. Kalish reported that SEMSAC met in September and reviewed the proposed budgets of the entities supported by the EMS Operations Fund.

#### **REPORT OF THE R ADAMS COWLEY SHOCK TRAUMA CENTER**

Jim Radcliffe reported that patient admissions during July were ahead of the number budgeted. He said that bed occupancy increased over the same period, as did the number of OR cases. He said that there had been one capacity alert during August that lasted just over two hours. He noted that the annual meeting of the American Association for the Surgery of Trauma would be held at the end of the month and that Shock Trauma physicians were making several presentations at the meeting. He said that Shock Trauma would be conducting several education broadcasts in the upcoming weeks.

#### **LEGISLATIVE REPORT**

Ms. Sette summarized the legislative proposal recently submitted for consideration as legislation during the 2011 session of the Maryland

legislature. She said that the proposal would change nomenclature for EMS personnel certification and licensure levels, beginning in 2012. She said that the proposal also included a provision that would recognize law enforcement officers who completed a required course and the Board would have the authority to determine the curriculum for that course.

**ACTION: Upon the motion of Mr. Broccolino, which was seconded by Ms. Vanhoy, the Board approved the proposed legislation.**

## **OLD BUSINESS**

None.

## **NEW BUSINESS**

Update on Medevac Utilization. Dr. Bass briefed the Board on medevac utilization, noting that it had been about six months since the last update. He said that helicopters were being dispatched to respond to about 75% of the requests. Of those not flown, about one-third were directed via medical consultation to transport the patient by ground to the trauma center and the rest were either cancelled or not flown due to weather. He said that the most recent information appeared to indicate just under 2,200 transports for 2010. He said that the decline in helicopter transports could be related to a number of factors, including a decline in penetrating injuries, as well as a decline in motor vehicle crashes. He said that the MSP continued to provide the vast majority of the helicopter scene responses. Dr. Bass reviewed the trends in outcome data for helicopter-transported patients, including patient discharge within 24 hours, the percent of seriously injured patients transported by helicopter, and trends in mortality.

Dr. Bass said that a QI review of helicopter transports through the HUD database indicated that 90% of the transports met protocol requirements and saved transport time in 78% of the cases. He said that MIEMSS and the MSP were proceeding with the basing study that had been requested by the legislature.

Helicopter Dispatch Prior to EMS Arrival. Dr. Bass said that ensuring rapid helicopter response times has been a challenge, particularly with the need to complete formalized risk assessments, consultations for C & D patients, etc. He said that MIEMSS, the MSP and other stakeholders had been focusing on ways to improve response time performance without decreasing safety.

Dr. Floccare said that the group had developed guidelines to assist 911 operators to request a helicopter prior to EMS arrival for patients whose injuries were severe enough to warrant helicopter response. He said that the

guidelines were developed using medical dispatch cards used by 911 operators to identify certain types of patients with likely severe injuries. For patients identified, 911 operators may request a helicopter prior to the arrival of EMS personnel on the scene. Once EMS personnel arrive, those personnel either confirm that a helicopter is needed or cancel the helicopter if not needed. He said that arriving EMS personnel must obtain medical consultation for Category “C” and “D” patients.

Dr. Bass said that SYSCOM currently has a process where a SYSCOM operator can proceed with helicopter dispatch if it is obvious from talking with the 911 operator that a helicopter will be needed. He said that this new process will compliment the existing practice. Dr. Floccare said that one of the challenges is that law enforcement does not use EMS dispatch cards; consequently, additional efforts will be needed to educate those personnel on use of the guidelines.

**ACTION: Upon the motion of Ms. Vanhoy, which was seconded by Ms. Showalter, the Board approved the “Helicopter Dispatch Prior to EMS Arrival” guidelines.**

EMS Criminal Background Checks. Dr. Bass said that there is growing concern across the country that there is a need for criminal background checks for health care providers, including EMS personnel. He said that states were using various approaches to obtain needed background information on providers, especially for initial provider licensing. He said that MIEMSS planned to implement a pilot project where criminal background checks would be conducted in certain circumstances. He said that at the conclusion of the pilot project, staff would report back to the Board with the results of the pilot project, as well as any recommendations for adopting such checks in Maryland. Mr. Schaefer briefed the Board on the specifics of the pilot project. Mr. DeVries asked that the Board receive an update on the pilot project in six months.

Licensure & Certification Regulatory Changes. Ms. Sette said that the proposed changes to COMAR 30.02.07 had been published in the Maryland Register and that no comments had been received. She reminded the Board that the proposed changes expanded the options for renewal of EMT basic certification by the addition of two new options: 1) renewal if national registry certification is current; or 2) renewal upon successful completion of a 12-hour on-line refresher course and successful demonstration of the required skill set. EMTs seeking renewal under either the existing or new options also need to comply with Maryland affiliation requirements.

**ACTION: Upon the motion of Mr. Broccolino, which was seconded by Ms. Vanhoy, the Board approved changes to COMAR 30.02.07 as final regulations.**

Ms. Sette also reported that changes to COMAR 30.02.02 through .09 had been drafted by a committee with representatives from MIEMSS, MFRI, MSFA, academies and colleges, jurisdictional EMS operational programs and commercial ambulances services. She said that the draft was now ready for distribution to interested stakeholders. She said that the draft made the following changes to existing regulations:

1. Fees are increased by \$10. Ms. Sette said that this is the first increase in at least 20 years and fees continue to be waived for vast majority of EMS providers in Maryland.
2. References to the "old" CRT have been deleted.
3. Removed all references to specific scores in testing process and substituted "pass" or "fail."
4. Changes to reciprocity requirements for First Responders and EMT-Bs.
5. Changes to exams to provide a more realistic timeframe for testing and re-testing.
6. The First Responder exam will no longer be administered by MIEMSS, but the exam must be approved by MIEMSS.

EMS Operational Program Quality Assurance Regulations. Mr. Magee said that the draft regulations dealing with electronic patient care reporting had been published in the Maryland Register on April 9, 2010. He summarized the regulations for the Board. MIEMSS recommends that the proposed regulations be adopted as published and that they be effective November 1, 2010, except for Regulation 30.03.04.04 Section D.(2)(b) (which requires that a completed patient report be left with the receiving facility within 24 hours of transfer of care) and Regulation 30.03.04.04 Section E. (3) (b) ( which requires that EMS data be submitted to MIEMSS at least once every 24 hours to include all new patient care reports). Those two sections should be effective June 1, 2011 in order to accommodate requests from some EMSOPs. He noted that MIEMSS will provide a brief grace period for compliance with the requirement Regulation 30.03.04.04 Section E. that all EMSOPS submit data to MIEMSS in electronic form after December 31 , 2010.

**ACTION: Upon the motion of Mr. Broccolino, which was seconded by Dr. Fowler, the Board voted to approve the proposed quality assurance regulations as published to be effective November 1, 2010 except for Regulation 30.03.04.04 Section D.(2)(b) and Regulation 30.03.04.04 Section E. 3(b) which shall be effective June 1, 2011.**

Mr. DeVries announced that the Board would adjourn to Closed Session, after which the Board would reconvene in Open Session.

**ACTION: Upon the motion of Mr. Broccolino, which was seconded by Ms. Vanhoy the Board voted to adjourn to Closed Session.**

The purpose of the closed session was to carry out administrative functions under State Government Article §10-502(b), to obtain legal advice from counsel under State Government Article § 10-508 (a) (7) and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) under State Government Article § 10-508(a) (13).

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**Board Members Absent:** David Hexter, M.D., Robert Maloney; Dean Albert Reece, M.D., Ph.D.; Dany Westerland, M.D.

**Others Present:**

**MIEMSS:** Dr. Bass; Ms. Abramson; Ms. Alban; Dr. Alcorta; Mr. Fiackos; Ms. Gainer; Mr. Schaefer.

**OAG:** Mr. Magee; Ms. Sette.

**MSP Aviation Command:** Captain Mark Gibbons.

**Maryland Fire Rescue Institute:** Pat Marlatt.

**R Adams Cowley Shock Trauma Center:** Karen Doyle.

The Board approved the closed session minutes from the July 2010 meeting.

The Board considered the FY12 budgets of the entities supported by the EMS Operations Fund.

The Board approved recommendations for provider disciplinary cases.

The Board considered candidates for appointment to the Statewide EMS Advisory Council.

**The Board reconvened into Open Session at 12:06 p.m.**

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Victor Broccolino, Vice Chairman; David Fowler, M.D., Murray Kalish, M.D.; Sally Showalter; Mary Alice Vanhoy, R.N.; Gene Worthington.

**Board Members Absent:** David Hexter, M.D., Robert Maloney; Dean Albert Reece, M.D., Ph.D.; Dany Westerband, M.D.

**Others Present:**

**MIEMSS:** Dr. Bass; Ms. Abramson; Dr. Alcorta; Mr. Brown; Mr. Fiackos; Ms. Gainer; Mr. Schaefer.

**OAG:** Mr. Magee; Ms. Sette.

**ACTION:** Upon the motion of Ms. Vanhoy, which was seconded by Dr. Fowler, the Board voted to approve the following educational programs for a five-year approval: University of Maryland, College Park Police for renewal of First Responder Program; National Institute of Emergency Medical Services for Refresher Training Program; and Salisbury Fire Department for renewal of First Responder Training Program.

**ACTION:** Upon the motion of Ms. Vanhoy, which was seconded by Dr. Fowler, the Board voted to approve the Baltimore City Community College for a one-year provisional approval.

**ACTION:** Upon the motion of Ms. Vanhoy, which was seconded by Dr. Fowler, the Board voted to approve the Washington County ALS Program for a one-year provisional approval.

There being no further business, the Board adjourned by acclamation.